

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040430
9716

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT 19 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Fredericktown | |
| Length of stay in lb 4 Hrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration John Cochran Hospital | | d. STREET ADDRESS (If outside, give location) R.R. J Road | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle C. Last Kumbera | | 4. DATE OF DEATH Month Oct. Day 9 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-23-89 |
| 9. AGE (last birthday) 73 | | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist | | 10b. KIND OF BUSINESS OR INDUSTRY Retail Drugs | |
| 11. BIRTHPLACE (City and state or country) Troy Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Charles Kumbera | | 13b. MOTHER'S MAIDEN NAME Anna Stepanek | |
| 14. NAME OF HUSBAND OR WIFE Georgia Kumbera | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I | |
| 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT Address Georgia Kumbera Fredericktown, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of skull. suffered in fall in bathtub in home at Fredericktown, Missouri, on or about October 9, 1962. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 903.0-20 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above | |
| 20c. TIME OF INJURY Hour 2 a.m. p.m. Month, Day, Year 10-9-62 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION Fredericktown, Missouri | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner | | 22b. ADDRESS 1300 Clark Ave. | |
| 22c. DATE SIGNED 10-10-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 10-13-62 | 23c. NAME OF CEMETERY OR CREMATORY Local | | 23d. LOCATION (City, town, or county) Troy Missouri |
| 24. FUNERAL DIRECTOR Adamson-Webb | | 25. DATE RECD. BY LOCAL REG. OCT 10 1962 | |
| 26. ADDRESS Fredericktown Mo. | | 27. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 22 1962

APR 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James Prouff

Licensed Embalmer No.

4356

P. O. Address

St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.